

FILED APR 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43997

BIRTH NO. _____		REG. DIST. NO. 193		PRIMARY REG. DIST. NO. 5709		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY McDonald				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY McDonald			
b. CITY (If outside corporate limits, write RURAL and give township) Rural- Erie twp.		c. LENGTH OF STAY (in this place) 5 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Erie twp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodman, Rt. 1				d. STREET ADDRESS (If rural, give location) Goodman, Rt. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Almeda		b. (Middle)		c. (Last) McFadden		4. DATE OF DEATH (Month) (Day) (Year) Sept. 30, 1950	
5. SEX Female /		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 16, 1872	
9. AGE (in years last birthday) 78		10. AGE (in years last birthday) Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Neosho, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Neosho, Missouri			
13a. FATHER'S NAME Mathew T. Kerr		13b. MOTHER'S MAIDEN NAME Mary Boyd		14. NAME OF HUSBAND OR WIFE Elwood McFadden			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lyman McFadden, Rt. 1 Goodman, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Failure of respiratory apparatus</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral hemorrhage</u> DUE TO (c) <u>Senile hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>September 20, 1950</u> , to <u>September 30, 1950</u> , that I last saw the deceased alive on <u>September 30, 1950</u> , and that death occurred at <u>10:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Harold C. Ward, M.D.</u>				23b. ADDRESS <u>Goodman, Mo.</u>		23c. DATE SIGNED <u>Oct. 2, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-2-1950		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cemetery		24d. LOCATION (City, town, or county) (State) Newton County, Missouri	
DATE REC'D BY LOCAL REG. Oct 4/50		REGISTRAR'S SIGNATURE Mrs. Fred W. Smith		25. FUNERAL DIRECTOR'S SIGNATURE John B. Papinian		ADDRESS Goodman, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 11 1951

Dist. File 451-760

Date Filed 4-11-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John B. Papineau

Licensed Embalmer No. 4446

P. O. Address Goodman, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.